## **REQUEST FOR CHILD LABOR PERMIT**

BUSINESS NAME			
Street and/or P.O. Box			
City, State, Zip			
Business Phone Number			
MINOR'S NAME			
Street and/or P.O. Box			
City, State, Zip			
ATTENDING SCHOOL			
Street			
City, State, Zip			
Nature of employer's business			
Type of work minor will be performing (GIVE A	JOB TI	TLE AND/OR BRIEF DESCRIPTION	
OF DUTIES)			
Department of Industry, Labor and Human permit to be issued without one of the follo A and one from column B:			
COLUMN A		COLUMN B	
Driver's license Picture ID from a state Department of Transportation Birth or Baptismal Certificate		Social Security Card Receipt from Social Security office	Э
		NO exceptions to this column!	
SCHOOL ID NOT ACCEPTED			
The employee has been informed that he/she permit office along with proof of age and <b>pay</b> a employment, and that he/she will be reimburse paycheck is issued.	a \$10.00	fee on or before the first day of	rst
County Clerk's Office 1016 16th Avenue Monroe, WI 53566 (608) 328-9430	Signat	ure of <b>EMPLOYER</b>	
Open: Monday - Friday 8:00 a.m 4:15 p.m.	Signat	ure of <b>PARENT</b>	